

Property & Casualty Insurance Scoring Model Transmittal Document

This page applies to the following state(s): **Washington**

Reserved for Insurance Dept. Use Only

Insurance Department Use only

Date the filing is received:

Date of disposition of the filing:

Effective date of filing:

Company Name(s)	Domicile	NAIC #

Company Tracking Number	
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Contact Information of Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Annual Statement Line of Business (see definitions)	
Line of Insurance (description)	
Company Program Title (Marketing Title) (if applicable)	
Filing Type	Personal Insurance Scoring Model
Does model apply to underwriting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does model apply to rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Scoring Model Vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is model confidential & proprietary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date Requested	
Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Organization (if applicable)	
Reference Organization Number & Title (if applicable)	
Date of Filing	

Property & Casualty Transmittal Document

This page applies to the following state(s) Washington

This filing transmittal is part of _____
(Company tracking number)

Filing Description:

[This should be similar to the body of a cover letter and is free-form text]

To be complete, a filing must include a completed Transmittal Document (please provide an extra copy for return to the company).

INSURANCE SCORING MODEL TRANSMITTAL

This page applies to the following state(s): Washington

This filing transmittal is part of _____
(Company tracking number)

	Model Name/Description/Synopsis	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
07		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
08		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
09		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, an insurance scoring model filing must include the following:

1. A completed Insurance Scoring Model Filing Transmittal document (Do not refer to the body of the filing for the model listing.)
2. One copy of model components submitted with the filing.
3. A postage-paid, self-addressed envelope **large enough to accommodate the return.**